NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

Criminal Justice Standards Division
Telephone: (919) 661-5980

Sheriffs'Standards Division
Telephone: (919) 779-8213

MEDICAL EXAMINATION REPORT

Form F-2
(Rev. 08-2026)

This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Sheriffs' or Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Sheriffs' or Criminal Justice Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Vitals

Height: _____ Weight: _____ BMI Calculation: _____

Blood Pressure: _____ Heart Rate: _____ SP02: _____ RR: _____

ECG: _____

Vision

Visual Acuity *(If applicant wears glasses or contacts, test and record acuity with and without glasses/contacts)*

Without glasses:	R - 20 / _____	L - 20 / _____	Both - 20 / _____	☐ Meets Guidelines	☐ Does Not Meet Guidelines
With glasses:	R - 20 / _____	L - 20 / _____	Both - 20 / _____	☐ Meets Guidelines	☐ Does Not Meet Guidelines
With contacts:	R - 20 / _____	L - 20 / _____	Both - 20 / _____	☐ Meets Guidelines	☐ Does Not Meet Guidelines

Color Perception

☐ Normal ☐ Abnormal: _____ ☐ Meets Guidelines ☐ Does Not Meet Guidelines

Visual Fields

☐ Normal ☐ Abnormal: _____ ☐ Meets Guidelines ☐ Does Not Meet Guidelines

Hearing

Hearing Acuity ☐ *Audiogram* **OR** ☐ *15' Whispered Conversation* **Check if Assisted Device Used by Patient** ☐ **Yes** ☐ **No**

Right Ear	☐ Normal	☐ Abnormal: _____		☐ Meets Guidelines	☐ Does Not Meet Guidelines
Left Ear	☐ Normal	☐ Abnormal: _____		☐ Meets Guidelines	☐ Does Not Meet Guidelines

Examination

HEENT:	☐ Normal	☐ Abnormal _____
Cardiovascular Exam:	☐ Normal	☐ Abnormal _____
Lungs:	☐ Normal	☐ Abnormal _____
Abdomen/Hernia:	☐ Normal	☐ Abnormal _____
Musculoskeletal:	☐ Normal	☐ Abnormal _____
Neurological:	☐ Normal	☐ Abnormal _____
Skin:	☐ Normal	☐ Abnormal _____

Screening

Urine Dip Test or Urinalysis ☐ Normal ☐ Abnormal _____
Urine Drug Screen ☐ Positive ☐ Negative _____
Tuberculosis Questionnaire (F-2A) Administered: ☐ Yes ☐ No Additional Screening Required: ☐ Yes ☐ No (Specify)
Additional Screening: _____
Sickle Cell Disease Screening ☐ Sickle Cell Disease ☐ Sickle Cell Trait ☐ Negative
Hepatitis B Titers ☐ Immune ☐ Not Immune

Certification

Are there any conditions which, in your opinion, suggest further examination?

☐ No ☐ Yes: _____

_____

Do you have any reservations about this candidate's ability to physically perform required duties?

☐ No ☐ Yes: _____

_____

☐ **Meets Guidelines - Cleared**
☐ **Does Not Meet Guidelines - Further Evaluation Required**
☐ **Does Not Meet Guidelines - Disqualified**

I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:

https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/

_____
Name of Qualified Medical Professional (*Please Print*)

_____ _____ _____
Signature of Qualified Medical Professional | Medical License # | Date

Practice Information

Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____